PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

								ľ	77.73	39	-000 i	1-001
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	•	ОТН	R THAN
TOTAL CLAIMS				29		(Goldini)		YPE		0	R SMAL	L ENTITY
FOR			161	NUMBER FILED		MREDEVEN		RATE			RATE	
7	OTAL CHARGE	EABLE CLAIMS	10.			UMBER EXTRA		BASIC FI	EE 370.0	Ol	BASIC FE	740.00
			129	7 minus 20=		9	X\$		21.	o doi	X\$18=	
⊢	IDEPENDENT		/	minus 3 =		3	lΓ	X42=	1.		1	
MULTIPLE DEPENDENT CLAIM PRESENT								4.40	126.0	OF	`}	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+140=	<u> </u>	OF	+280=	
CLAIMS AS AMENDED - PART II							•	TOTAL	577	C OF	R TOTAL	
_	(Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	00		RTHAN
⋖		CLAIMS HIGHEST]		ADDI-	OR 7	SMALL	ENTITY
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	:	X\$ 9=		OR	X\$18=	
AM	Independent	*	Minus	***		=		 X42=	 	1	\	
_	I INST PRESI	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM		<u> </u>		 	OR	A04=	
							L+	140=	ł	OR	+280=	1
							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	process of the large was a	(Column 1) CLAIMS	The state of the state of	(Colum	n 2)	(Column 3)					ADDII. FEE	
AMENUMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
ON:	Total	*	Minus	**		=	X	\$ 9=	<u> </u>		Vovio	FEE
A M	Independent	*	Minus	***		=	-	*		OR	X\$18=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	CLAIM		X	42=		OR	X84=	·
		•						140= TOTAL		OR	+280=	
		. (Cal.,					ADDI	T. FEE		OR ,	TOTAL ADDIT. FEE	
,		(Column 1)	man wronger is secret a taken page. As	(Column		(Column 3)						٠
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Çotal	*	Minus	**		=	\ \v_a		FEE	-		FEE
, ,	Independent	f	Minus	***		=-	-	S 9=		OR	X\$18=	
	FJRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		X4	12=		OR	X84=	
if: ∗ıf:	the entry in colum		40=		OR	+280=						
**If	the "Highest Num	hber Previously Pai hber Previously Pai her Previously Paid	d For IN IHIS	SPACE is le	ss than	20, enter "20."	ADDIT	OTAL FEE the appro	opriate box	OR Al	TOTAL DDIT. FEE mn 1.	